

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for dates of service 07/05/01 and 7/12/01.
 - b. The request was received on 01/23/01.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Medical Records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/26/02. Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/26/02. The response from the insurance carrier was received in the Division on 07/10/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/13/02
"The Documentation submitted substantiates the care given and the need for further treatment(s) and/or services(s) [sic], if applicable it also indicates progress, improvement, the date of the next treatment(s) and/or service (s), complications, and expected release dates."
2. Respondent: Letter dated 07/09/02
"The requester billed for this level of service, without providing documentation consistent with the level billed.... A review of the dispute packet reveals there two similar, short notes. There is no physical examination, no detailed history and scarcely any medical decision-making."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date (s) of service eligible for review is (are) those commencing on 07/05/01 and extending 07/12/01.
2. The carrier denied the services as F-T, N Documentation does not support the service billed. On reaudit, the carrier noted that the documentation that was submitted did not support the specific level of service billed. This decision will address only those denial codes the provider was aware of prior to filing for dispute resolution.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/05/01 07/12/01	99214	\$110.00	\$0.00	F, T, N	\$71.00	MFG Descriptor MGR (I) (B); (IV) (C) (2)	<p>Documentation was submitted to support that the claimant did attend an appointment with the provider on the dates in dispute.</p> <p>99214 is described as, "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity."</p> <p>There is no definition of detailed in the MFG. <u>Webster's II New College Dictionary</u>, defines detailed as, "Marked by abundant use of or careful attention to detail."</p> <p>The provider submitted documentation that did not contain much detail. There is no evidence that a physical examination was conducted. A detailed history is lacking even though there is some history, and the medical decision making does not appear to be of moderate complexity. In the first visit, the doctor indicated he would have the claimant remain off work and start him on work hardening. In the second, he indicated the claimant did not start work hardening due to baby sitting problems, and he would be sent to a work hardening program that did have baby sitting services.</p> <p>It appears as if the visit did not qualify for the level of service coded. Therefore, no reimbursement is recommended.</p>
Totals							The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 7th day of August 2002.

Carolyn Ollar, RN, BA
Medical Dispute Resolution Officer
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.